Management for International Public Health: CDC's Sustainable Management Development Program

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Over the past two decades CDC has worked with the Ministries of Health in many different countries to strengthen epidemiology training capacity through the global network of *Field Epidemiology Training Programs* (FETPs). These programs are designed to generate a continuous supply of epidemiologists who are skilled in investigating and determining the causes of health problems and using this information to formulate appropriate recommendations for disease prevention and health promotion.

Despite the success of the FETPs in strengthening epidemiology training capacity throughout the developing world, there is a growing awareness that the shortage of *management* skills among public health workers has reached a critical level and that this shortage is an important factor limiting both the *efficiency* and the *effectiveness* of modern public health interventions. Those of us who trained as epidemiologists know that simply finding the cause of the health problem doesn't always lead to a successful public health intervention. For example, outbreaks of cholera in metro Manila have been investigated by the Philippines FETP and linked to problems with food vendors and the municipal water system[1]. Appropriate recommendations were made, but never fully implemented, and the problem has persisted. Similarly, multiple outbreaks of gastroenteritis among school children in Taiwan have been investigated by their FETP and linked to improper food-handling practices by companies supplying school lunch boxes[2, 3]. Again, appropriate recommendations were made but not fully implemented, and the problem continues to recur. In both these examples, the epidemiologists did what they were trained to do – find the cause of the problem and make recommendations to prevent it from recurring. Yet each example represents a failure of the government's capacity to protect the public's health. At the heart of these examples is a fundamental weakness in the public health system – a lack of basic management competencies in priority setting, planning, implementing, and monitoring public health interventions. In other words, knowing *what* needs to be done is one thing, knowing *how* to do it is quite another.

The shortage of management skills among the public health workforce, particularly in the developing world, has not only reached critical levels, it has recently been made acutely worse by the global trend toward decentralization[4]. Decentralization became popular among health policymakers during the late 1980s and 1990s and has exacerbated the problem by shifting responsibilities for complex managerial functions from central Ministries of Health to thousands

of local health institutions ill-prepared for the task. The motivating force behind decentralization is both political and economic[5]. It often begins with external pressure from the International Monetary Fund, the World Bank or other international donors who see decentralization as a remedy for bloated and inefficient health bureaucracies. At the same time, internal political pressure comes from key local political constituents demanding more autonomy in exchange for supporting a particular political regime. This combination of forces often leads to an abrupt transition from a highly centralized system to one which totally decentralized overnight, as in the case of the Philippines[6]. Ironically, many of the same donors pushing for decentralization have also funded research which has demonstrated the importance of a "go-slow" approach to ensure adequate time for careful planning and infrastructure building which includes management capacity building to prepare public health workers for new roles and responsibilities[5, 6].

Many countries have undergone decentralization during the past few years, including the Philippines, Nigeria, China, Colombia, and Mexico. These countries quickly discovered that many of the promised benefits of decentralized health systems – reduced bureaucracy, increased responsiveness to local needs, and enhanced local ownership of government programs – have been slow to materialize. Taking their place are many unanticipated and undesirable consequences such as increased local corruption, lack of accountability, and deepening mistrust of local government institutions.

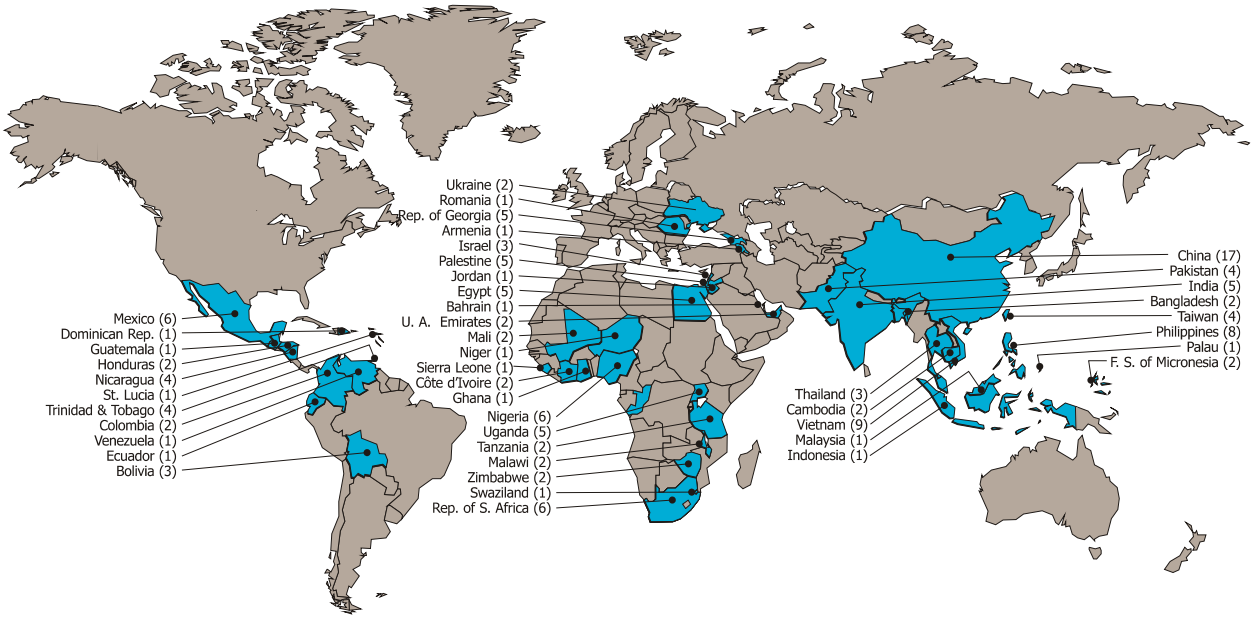
What can be done to help countries undergoing a rapid transition to a decentralized health system? The task of preparing the entire local public health workforce for new managerial roles and responsibilities is daunting even under the best of circumstances. Doing it quickly in countries with a weak training infrastructure and under intense political pressure calls for innovative strategies which strengthen existing training institutions as well as produce tangible, near-term impact on health programs.

CDC's response to this emerging need was the establishment of the *Sustainable Management Development Program* (SMDP) in 1992. SMDP's mission is to assist developing countries, particularly those undergoing decentralization, in strengthening their public health management *training* capacity. SMDP's strategy includes a combination of faculty development in the Management for International Public Health (MIPH) course held in Atlanta each year followed by short-term technical assistance to help MIPH course graduates conduct in-country training needs assessments, design curricula, and teach applied workshops to local health workers. SMDP also provides support to ensure long-term sustainability by 1) certifying local program graduates, 2) developing new management training tools and teaching aids; 3) publishing a quarterly alumni newsletter, 4) providing graduates with assistance in developing marketing plans and applying for training grants; and 5) sponsoring international conferences to link programs and share experiences.

One of the most important lessons CDC has learned in 50+ years of training public health professionals is that adults learn best from a "hands-on" approach. The MIPH faculty development course is specifically designed for the adult learner and involves group work such as exercises and simulations, and provides opportunities for participants to sharpen their teaching skills in front of a live audience with video feedback. After the faculty return to their countries,

we require that their trainees satisfactorily complete a practice-based *applied management learning project* in order to receive a CDC certificate. These projects usually take 3-4 months to complete and reinforce classroom learning in addition to providing us with a means to assess learner competency and demonstrate the impact of the training on health program goals. A typical program offers a 10 day management workshop for 20-30 participants 3-4 times per year. Each participant receives one or more supervisory visits following the initial skill building workshop to ensure the successful completion of their projects. Trainees are then reassembled to present their projects to an audience of senior health officials before they graduate.

Figure 1
1992 to Present (141 Graduates from 46 Countries)



Since 1992, the Sustainable Management Development Program has trained 141 *management trainers* from 46 countries (Figure 1).

Nigeria's *Sustainable Management Training Centre* – A Case Study

In 1995, SMDP began working with the Carter Center to address management training needs for the Global 2000 River Blindness Program (GRBP) in Nigeria. The

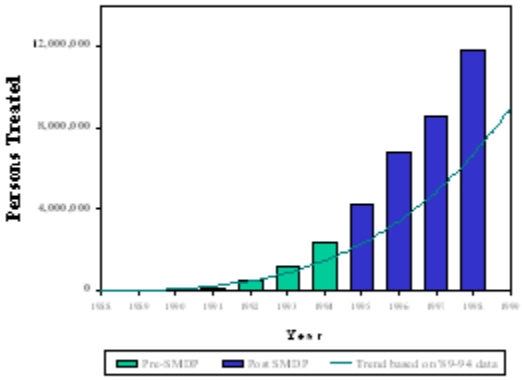
Onchocerciasis Facts

WHO currently estimates that Nigeria contains 30-40% of the global disease burden of River Blindness (Onchocerciasis) with approximately 20 million persons at risk, 15% of whom are currently infected and 100,000 of whom are blind. The disease is transmitted by a small fly. Blindness results when the microfilaria produced by the adult worm invade the eye and cause irreversible damage. Although preventing infection in endemic areas is almost impossible, blindness can be prevented by taking a single dose of a drug called Mectizan® once a year. Merck Pharmaceutical donates the drug to developing countries, but the success of the intervention depends on training, motivating and supplying the drug to thousands of community-based volunteer distributers in some of the most remote villages in sub-Saharan Africa.

Sustainable Management Training Centre (SMTC) was established at the Carter Center GRBP offices in Jos, Plateau State. To date, the SMTC is staffed by two full-time and four part-time trainers, all of whom are graduates of the MIPH course. The local Nigerian staff have now trained more than 300 program managers in 34 of Nigeria's 37 states. Each local trainee is required to complete and present an applied management project, and each project requires the involvement and training of an additional 5-7 staff at each local work site. In five years of operation, we estimate that approximately 2,500 local health workers have benefitted directly or indirectly from SMTC workshops and follow-on projects. The SMTC is currently generating income from tuition fees at a rate of US$125 per student per 10-day workshop and has also received two training grants from UNICEF totaling US$12,000.

Figure 2

Eligible Persons at Risk for River Blindness Treated with Ivermectin, Nigeria 1989 -1998



Since in-country management training began in Nigeria in 1995, Mectizan® distribution has improved dramatically. While it is impossible to determine the proportion of improved distribution specifically attributable to management training, we have observed a steady increase in the slope of the distribution trend line in the years following the establishment of the SMTC (Figure 2).

The Nigeria program has demonstrated that:

- faculty development in the MIPH course, followed by modest levels of in-country technical assistance, is both an efficient and effective strategy for sustainable management development
- the program has an important multiplier effect -- in five years, a handful of faculty trained in the Atlanta MIPH course trained over 300 national, state and zonal program managers in Nigeria, who in turn trained more than 2000 other local health workers
- the requirement for the applied management project has resulted in hundreds of tangible outcomes, each of which has had a direct and measurable impact on local program goals.

Summary

Good public health practice requires a multi-disciplinary team approach to problem solving. While epidemiology skills are essential for understanding the causes of health problems, management skills are also needed to plan, implement and monitor intervention programs that work. Unfortunately, managers in public health settings often do not have the competencies

needed to do their jobs. Decentralization has exacerbated this problem by shifting more and more managerial responsibility to local health workers who are unequipped and ill-prepared for the task. The SMDP is assisting developing countries in meeting this challenge by training management faculty in Atlanta and providing them with in-country technical assistance to establish their own self-sustaining management development programs. The program in Nigeria has demonstrated a significant training multiplier effect and provides tangible evidence of how the training and applied management projects have had an important impact on a major public health intervention program.

The SMDP was the 1998 winner of the *Exemplar Award*, presented annually to an outstanding and innovative human resource development program by the International Association of Continuing Education and Training-- the organization which founded and administers the Continuing Educational Unit (CEU). The SMDP was also a 1999 semifinalist in the Ford Foundation/John F. Kennedy School of Government *Innovations in American Government* Awards Program.

References

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Note: Use of trade names is for identification only and does not imply endorsement by the Public Health Service or by the U.S. Department of Health and Human Services.